

CLAIMS ONLY

Application Number

10/687389
Applicant:

Filing Date

CLAIMS	AS FILED.		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments
	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						
2		1					
3		1					
4		1					
5		1					
6		1					
7		1					
8		1					
9		1					
10		1					
11		1					
12		1					
13		1					
14		1					
15	1	1					
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37		1					
38		1					
39		1					
40		1					
41		1					
42		1					
43		1					
44		1					
45		1					
46		1					
47		1					
48		1					
49		1					
50		1					
Total							
Indep	X						
Total							
Depend	34						
Total							
Claims	38						